BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **MARK L. GRAMS, M.D.** Holder of License No. 11869 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-06-0136A MD-06-0506 MD-06-S064 **INTERIM CONSENT AGREEMENT FOR PRACTICE RESTRICTION**

INTERIM CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Mark L. Grams, M.D., ("Respondent") the parties agree to the following disposition of this matter.

1. Respondent has read and understands this Interim Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Interim Consent Agreement"). Respondent acknowledges that he understands he has the right to consult with legal counsel regarding this matter.

2. By entering into this Interim Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Interim Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Interim Consent Agreement.

3. This Interim Consent Agreement will not become effective until signed by the Executive Director.

4. All admissions made by Respondent are solely for interim disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

5. Respondent may not make any modifications to the document. Upon signing this agreement, and returning this document (or a copy thereof) to the Executive Director, Respondent may not revoke acceptance of the Interim Consent Agreement. Any modifications to this Interim Consent Agreement are ineffective and void unless mutually approved by the parties.

6. This Interim Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Databank and on the Board's website.

7. If any part of the Interim Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Interim Consent Agreement in its entirety shall remain in force and effect.

Mark L. Grams M.D. Dated: 11 Jan 2007
MARK L. GRAMS, M.D. 02:30 AM

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 11869 for the practice of allopathic medicine in the State of Arizona.

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3. The Board initiated case number MD-06-0136A on February 3, 2006 after being notified by an Arizona hospital that Respondent's privileges had been suspended for his failure to properly manage a case in the emergency department. The Board obtained five of Respondent's charts for review. Board Medical Consultants found deviations from the standard of care in four of the five cases and opined the deviations showed Respondent demonstrated a pattern of inattention to detail and failure to recognize obvious findings in sick patients. The Medical Consultants also opined that Respondent's records were inadequate.

4. A thirty year-old female patient ("BN") presented to Respondent complaining of abdominal pain of one week duration. BN had a history of renal stones and had been on Bactrim for one week after being diagnosed with a urinary tract infection ("UTI"). Respondent's examination of BN revealed she was sixteen to seventeen weeks pregnant, had a BUN of 67 and creatinine of 6.7, and other abnormalities. Respondent diagnosed dehydration and a UTI and advised BN to continue with the Bactrim and follow-up with her obstetrician the following day. BN went on to have renal failure requiring dialysis.

5. BN's creatinine level of 6.7 and BUN/creatinine ratio of 10 showed renal failure, not dehydration. The renal failure could have been due to an acute obstruction that required immediate attention.

6. A forty-four year-old male patient ("DM") presented to Respondent complaining of bleeding one week after surgery for a peri-tonsillar abscess. DM was anemic and had abnormal

vital signs. Respondent treated DM with fluids and a blood transfusion and discharged him. DM bled to death shortly thereafter.

7. A sixty-three year-old male patient ("HM") presented to the emergency department after falling out of a tree because he was intoxicated. HM was first seen by another physician who turned his care over to Respondent. Respondent followed HM during his twelve hour shift and then transferred his care to the next emergency room doctor on duty. At transfer, the nurses tried to get HM out of bed and discovered he was paraplegic. Respondent claims to have examined the patient and found him to be fine. However, there is evidence HM had a neurogenic bladder because he did not urinate at all during Respondent's shift. If Respondent examined HM he missed the paraplegia.

8. An eighty-seven year-old male ("JE") presented to Respondent with a history of falling twice in the previous three days. JE had a history of hypertension, congestive heart failure and bilateral hip replacements. JE required full time care, was on multiple medications, and was noted to be unsteady. Respondent's final diagnosis for JE was "acute fall" and he discharged JE home. JE returned to the hospital the next day in asytolic arrest and could not be resuscitated. Respondent did not perform an EKG to address the question of why JE had fallen twice in the previous three days.

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9. On July 7, 2006 the Board was notified another hospital had suspended Respondent's privileges. The Board obtained a number of Respondent's charts from the hospital for review. A preliminary review by the Board's Chief Medical Consultant and the issues previously identified in case number MD-06-0136 resulted in the Board issuing an Interim Order on December 15, 2006 requiring Respondent to undergo an assessment at the Physician Assessment and Clinical Education ("PACE") Program within thirty days. In conversations with Board Staff on December 19, 2006 and January 3, 2007 Respondent's attorney assured Board

Staff Respondent would schedule the evaluation, but noted there were some issues with the cost of the PACE evaluation. When Board Staff spoke with PACE Staff in December they were informed Respondent would be able to attend the evaluation within the required thirty days if he timely scheduled the evaluation. As of January 10, 2007 it is no longer possible for Respondent to timely undergo the assessment.

10. Based on the information in the Board's possession there is evidence that if Respondent were to practice medicine in Arizona there would be a danger to the public health and safety.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The Executive Director may enter into a consent agreement with a physician if there is evidence of danger to the public health and safety. A.R.S. § 32-1405(C)(25); A.A.C. R4-16-504.

ORDER

IT IS HEREBY AGREED THAT:

1. Respondent shall not practice clinical medicine or any medicine involving direct patient care, and is prohibited from prescribing any form of treatment including prescription medications, until Respondent applies to the Board and receives permission to do so.

2. This is an interim order and not a final decision by the Board regarding the pending investigative file and as such is subject to further consideration by the Board.

DATED AND EFFECTIVE this 11 day of January 2007.

ARIZONA MEDICAL BOARD

By _____
TIMOTHY C. MILLER, J.D.
Executive Director

ORIGINAL of the foregoing filed this 11th day of January, 2007 with:

The Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this 11th day of January, 2007 to:

Scott A. Holden
Holden & Armer
6101 South Rural Road – Suite 118
Tempe, Arizona 85283-2910

Mark L. Grams, M.D.
Address of Record

Mark L. Grams, M.D.